

### **Amendments to the Specification**

Please replace the paragraph beginning at line 3 of page 6 with the following amended paragraph:

Refer now to Figure 2, which is an enlarged side view of an end of elongate member 102. Anchor member 104 can be seen in greater detail. Anchor member 104 has a hook shape with a barb 108 disposed on the end. The hook shape and ~~hard~~ barb 108 may be used to retain filter 100 in a desired position. Disposed on elongate member 102 is an edge 110. Edge 110 generally faces in towards the center of filter 100 and away from the vessel wall. Edge 110 may be disposed on a blade 112 or may be a shaped part of elongate member 102. For example, edge 110 may be formed by electron deposition machining elongate member 102. Edge 110 may start near the hook end of elongate member 102 and extend up a portion of elongate member 102. In one embodiment, edge 110 extends sufficiently up elongate member 102 so that [[the]] a portion of edge 110 has little chance of being encapsulated by a neointimal hyperplasia process. In other words, edge 110 may extend far enough away from the vessel wall and up elongate member 102 to keep exposed. Edge 110 should be sharp enough to cut through vessel growth.

Please replace the paragraph beginning at line 3 of page 7 with the following amended paragraph:

Figure 4 is a top view of an elongate member 302 of an intravascular device according to the invention. Elongate member 302 includes an anchor member 304, which may be similar to ~~anchors~~ anchor members previously described or may be another suitable anchor member. Elongate member includes an inward facing edge 310 and anchor member 304 includes an inward facing edge 316. Thus, both edges should face away from the portion of elongate member 302 and anchor member 304 which are configured to contact the vessel wall. Edges 310 and 316 are susceptible to several contemplated variations. For

example, in the pictured embodiment, the edges are substantially straight and are disposed on substantially straight portions of elongate member 302 and anchor member 304. In another embodiment, edges 310 and 316 may extend to join and form one continuous edge, curving between the elongate member and the anchor member. In another embodiment, there may be a third edge between edges 310 and 316, which may be disposed at a different angle and yet still away from the vessel wall. For example, this third edge may be disposed more towards the direction in which the intravascular device may be retracted. In another embodiment, this third edge may smoothly join with edges 310 and 316.

Please replace the paragraph beginning at line 19 of page 7 with the following amended paragraph:

Figure 5 is a perspective view of a thrombosis filter 400, which includes several elongate members 402 having anchoring members 404. Figure 6 is a perspective view of an elongate member 402. Elongate member 402 includes a blade 412 having two or more separated, inward facing edges 410. Edges 410 may be separate separated by a break 418 in the blade. Break 418 may be a complete gap between two sections of blade 412 or may be a partial removal of material. For example, break 418 may be a v-shaped or u-shaped slot between two portions of the blade. In another embodiment, break 418 is a slight radial offset between two sections of blade 412 and may not include a longitudinal gap. Break 418 may be created by removing material during the shaping of the blade or by removing material after the blade is assembled and joined. Break 418 may also be created by assembling the blade to the elongate member in several pieces.

Please replace the paragraph beginning at line 17 of page 8 with the following amended paragraph:

Figure 7 is a diagrammatic view of a portion of elongate member 102 after vena cava filter 100 has been installed in a vena cava for a period of time

sufficient for neointimal hyperplasia to occur. Elongate member 102 includes anchor member 104 and edge 110, which edge is disposed on blade 112. The wall of the vena cava includes the adventitia 120, the media 122 and the intima 124. It is this last layer, intima 124, that encapsulates the anchor member 104 and a portion of elongate member 102. As can be seen, edge 110 faces away from the wall of the body vessel and towards the vessel centerline. Edge Edge 110 is configured to extend beyond the portion of elongate member 102 likely to be encapsulated by intima 124 and expected neointimal hyperplasia.